PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct	form should be used it correspondence including	for transmitting	the ISSU	JE FEE and PUBLIC	ATIO of m	ON FEE (if requi	red). B	locks I through 5 s	hould be correspor	completed where	
maintenance fee notifica	ed below or directed oth tions. ENCE ADDRESS (Note: Use Bl		Note	: A certificate of	mailing	can only be used for	r domesti	c mailings of the			
	,		Fee(s papei have	s) Transmittal. Thi rs. Each additiona its own certificate	s certifi l paper, of mail	cate cannot be used f such as an assignme ling or transmission.	or any oth nt or form	er accompanying al drawing, must			
23850		IDE		Cer	tificate	of Mailing or Trans	mission				
ARMSTRONO 1725 K STREET SUITE 1000		BROOKS, LLR he Standard train		hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
WASHINGTON	1	- 51 1	(Depositor's name)								
	17	. <i>&</i> /	(Signature)								
	1874	TRADEMARKO	(Date)								
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/537,093	10/537,093 06/02/2005			Ichiro Tokuda			050356			8520	
TITLE OF INVENTION					•						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	1	DATE DUE	
nonprovisional	NO	NO \$1400		\$300		\$0		\$1700		11/24/2006	
EXAMINER ART UNIT			IT	CLASS-SUBCLASS							
FOX, JOHN C 3753				137-884000							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 				(1) the names of up to 3 registered patent attorneys 1 ARMSTRONG, KRATZ,							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 QUINTOS, HANSON							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					OKS,	KS, LLP	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIG		(B) RESIDENCE: (C	ITY :	and STATE OR C	R COUNTRY) 1/2006 MBERHE1 00000153 18537093						
FUJIKIN INCORPORATED				Osaka-sh	Japan	:04			88 00		
91 FC:1591 1490.99 OP 369.29 OP Please check the appropriate assignce category or categories (will not be printed on the patent):											
1a. The following fee(s)	are submitted:		41	o. Payment of Fee(s): (I		e first reapply an	y previ	iously paid issue fee	shown ab	ove)	
Issue Fee No small entity discount permitted)				*** A check is enclosed. Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies									ficiency o	or credit any	
ATT Advance Order - if of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or cred overpayment, to Deposit Account Number 01-234 (enclose an extra copy of the control of the contro						py of this form).	
 Change in Entity State a. Applicant claim 	☐ b. Applicant is no	longe	er claiming SMAL	L ENT	TTY status. See 37 CI	R 1.27(g))(2).				
NOTE: The Issue Fee an	d Publication Fee (if requeecords of the United Sta	uired) will not b	e accepte	d from anyone other the	an the	e applicant; a regis	stered a	ttorney or agent; or th	e assignee	or other party in	
Authorized Signature	Willy	But				Date NO	vemb	per 17, 200	06		
Typed or printed name William L. Brooks			s			Registration N	o. <u> </u>	34,129			
This collection of inform an application. Confident submitting the complete	ation is required by 37 C tiality is governed by 35 I application form to the	FR 1.311. The i U.S.C. 122 and USPTO. Time	information 37 CFR will varv	on is required to obtain 1.14. This collection is depending upon the in	or re estir	tain a benefit by the mated to take 12 n dual case. Any con	ne publi ninutes mments	c which is to file (and to complete, including on the amount of time	by the US g gatherin	SPTO to process) g, preparing, and guire to complete	

statistic confinence of the another of the state of the confinence of the state of the confinence of the state of the confinence of the co

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.